

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 1-876)**

| | |
|--------------------------------|-------------|
| SERIAL NO. 10/009453 | FILING DATE |
| APPLICANT(S) | |

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 11/12/63 2nd AMENDMENT | | |
|--------------|----------|------|---------------------|------|------------------------------|------|--------------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | |
| 1 | 1 | | | | | | 51 |
| 2 | | | | | | | 62 |
| 3 | 3 | | | | | | 63 |
| 4 | 3 | | | | | | 54 |
| 5 | | | | | | | 55 |
| 6 | 3 | | | | | | 56 |
| 7 | 3 | | | | | | 57 |
| 8 | | | | | | | 58 |
| 9 | | | | | 1 | | 69 |
| 10 | | | | | 1 | | 60 |
| 11 | | | | | | + | 61 |
| 12 | | | | | | 1 | 62 |
| 13 | | | | | | 1 | 63 |
| 14 | | | | | | 1 | 64 |
| 15 | | | 1 | | 1 | | 65 |
| 16 | | | | | | 1 | 66 |
| 17 | | | | | | | 67 |
| 18 | | | | | | 1 | 68 |
| 19 | | | | | | 1 | 69 |
| 20 | | | | | | 1 | 70 |
| 21 | | | | | | 1 | 71 |
| 22 | | | | | | 1 | 72 |
| 23 | | | | | | 1 | 73 |
| 24 | | | | | | 1 | 74 |
| 25 | | | | | | 1 | 75 |
| 26 | | | | | | | 76 |
| 27 | | | | | | | 77 |
| 28 | | | | | | | 78 |
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| 40 | | | | | | | 90 |
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| 46 | | | | | | | 96 |
| 47 | | | | | | | 97 |
| 48 | | | | | | | 98 |
| 49 | | | | | | | 99 |
| 50 | | | | | | | 100 |
| TOTAL IND. | | | 2 | | 2 | | TOTAL IND. |
| TOTAL DEP. | | | | 2 | | 12 | TOTAL DEP. |
| TOTAL CLAIMS | | 12 | | 14 | | | TOTAL CLAIMS |